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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 23 1948

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 34005
Registrar's No. 8858

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town St. Louis,
(c) Name of hospital or institution:
6037 Garasche, Avenue.
(d) Length of stay: In hospital or institution
In this community years, months or days

3: (a) PRINT FULL NAME Conrad C. Clasmeyer
3. (b) If veteran, name war
3. (c) Social Security No. 490-01-5092

4. Sex Male D 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Catherine Clasmeyer
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased July 25 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 2 17 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business

MOTHER FATHER { 12. Name Gerhard C. Clasmeyer
13. Birthplace Germany
14. Maiden name Gertrude Stuer
15. Birthplace Germany

16. (a) Informant Mrs. Conrad C. Clasmeyer
(b) Address 6037 Garasche Ave.

17. (a) Burial (b) Date thereof 10/15/48
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mark Tannon
(b) Address 6100 W. Florissant Ave.

19. (a) OCT 13 1948 J. B. Lentes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis,
(d) Street No. 6037 Garasche Ave.
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12
year 1948 hour 11 minute 55 A.M.
21. I hereby certify that I attended the deceased from July 21 to Oct 9 1948
that I last saw him alive on Oct 9 1948
and that death occurred on the date and hour stated above

Immediate cause of death Cause of head of progressive with metastases to liver
Due to

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Cause of head of progressive with metastases to the liver
Of operations
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature G. H. Kehler (M. D. or other)
Address 3121 Virginia Date signed 10/13/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mark Green

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Mark Green

Licensed Embalmer No. 4174

P. O. Address. 10100 W. Florida

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.